## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		17	OF		169
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION						
Full Name (Last, First, Middle Initial)  Fowler Blauvelt  Mailing Address P.O. Box 472	Date of Receipt					
Mailing Address P.U. DUX 4/2	Vialining Padaross F.O. DOX 472					
City	State Zip Code	08 30 2012 Transaction ID : SA11AI.30398				
Walpole	NH 03608	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	2000.00				
Name of Employer	Occupation					
none	Retired					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	3000.00					
Full Name (Last, First, Middle Initial)  James Bochnowski	James Bochnowski					
Mailing Address 28 Camino Por Los Arboles	71.0	08 01 2012				
City Atherton	State Zip Code CA 94027	Transaction ID : SA11AI.31068				
_		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	Occupation					
Delphi Ventures	Venture Capital					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00					
Full Name (Last, First, Middle Initial)  Cregory Boger						
Mailing Address 10939 Bayshore Drive	<del>• • •</del>					
City Windermere	State Zip Code FL 34786-7821	Transaction ID : SA11AI.30312  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Name of Employer Occupation					
Florida Otolaryngology Group	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	400.00					
SUBTOTAL of Receipts This Page (optional)		3200.00				
TOTAL This Period (last page this line number						